PTO/SB/01 (06-03)

Approved for use through 07/31/2003, OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION.	DECLARATION FOR UTILITY OR				03-0372		
	DESIGN			intor	Tai Do et a	sl.	
PATENT AF	PLICATION	Γ		COM	PLETE IF K	NOWN	
(37 CF	R 1.63)	Ţ.	Application Num	ber			
Declaration	Declaration		Filing Date				<u></u>
Submitted OR With Initial	Submitted a Filing (sure)		Art Unit				
Filing	(37 ČFR 1.1 nequired)	(e) 31	Examiner Name				
I hereby declare that:							j
Each inventor's residence, ma	iling address, and	citizenship are a	s stated below	next to th	neir name.		÷
I believe the inventor(s) named which a patent is sought on the			nventor(s) of t	ne subject	t matter whi	ich is deim	ed and for
HYDRAULIC COUPLING							
(Title of the Invention) the specification of which							
is attached hereto							
OR							
			1				
was filed on (MM/DD/Y	m [as United S	itates App	dication Nu	mber or Po	CT International
Application Number	ar	nd was amended	on (MM/DD/Y	vvn [(if applicable).
I hereby state that I have revis			of the above id	entified st	pecification,	including	the claims, as
amended by any amendment:							
i acknowledge the duty to dis continuation-in-part application	sclose information as, material inform	which is mater ation which bec	ial to patentat ame available	ollity as d between	efined in 3 the filina di	7 CFR 1.5 ate of the	66, including for prior application
and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one							
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date							
before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing	Date	Priori Not Clai	ty	Certified C	opy Attached?
PURINGERA	- Journa y		-	-401 CH	ineu	Ye	s No
				 		H	
				늗		님	
				<u> </u>		片	片
Additional facility of the	<u> </u>					<u>, </u>	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a barrefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gethering, preparing, and submitting the complete this form to the USPTO. Then will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/01 (06-03)
Approved for use through 07/31/2003, OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

والكالمناك المستوينات المتناكرية الأبارات فيفاد فيستوسا									
Direct all correspondence to: Customer Number.				003705 OR Correspondence address			pondence address below		
Name									
Brij K. Agarwat									
Address 600 Grant Street, 44th Floor									
City				State					ZIP
Pittsburgh				PA					15219
Country		Telephon	9			Fax			
us		412-566-61	183			412-5	566-609	9	
I hereby declare that all staten and belief are believed to be statements and the like so ma- false statements may jeopardiz	true; and fur de are punishat	ther that the	hese stat or impriso	iement onmen	s were	e made oth, und	with ter 18	the kno	wledge that willful false
NAME OF SOLE OR FIRST IN	VENTOR:			etition	has be	en filed	for thi	s unelgi	ned Inventor
Given Name						amily I			
(first and middle [if any]) Tai					٥	r Surna	ame c	ю	
Inventor's									Date
Signature / a	i H. di	>							9/23/03
Residence: City	State			Cour	try			Citizea	nship
Fountain Valley	CA			บธ			i	us	
Mailing Address 17130 San Mateo Street, 82									
City	State			-	ZIP				Country
Fountain Valley	CA				92708			1	US
NAME OF SECOND INVENTO	R:				A pa	etition h	as bee	n filed f	or this unsigned inventor
Given Name						mily N			
(first and middle [if any]) Tung N	l. 				or	Sumai	we Fe		
Inventor's Signature	ne	، حـ							Date 09-23-03
Residence: City	State			Coun	try			Citizer	nship
Westminster	CA			บร				บร	
Mailing Address 15102 Clemente St.									
City	State				ZIP			Count	ту
Westminster	CA				92683			บร	
Additional inventors or a legal re	presentative are bei	ng named on t	he 1 s	uppleme	ntal she	et(s) PTC)/SB/02A	or 02LR	attached hereto.

Please type a plus sign (+) Inside this box + + PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _1_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]	Given Name (first and middle [if eny])			or Su	emsmı
Luis F.		Loz	ano		
Inventor's Signature	<u>. </u>				Date 9-23-03
Garden Grove	State C/	\ \	US Country	و	Peru
11722 Faun Lane					
Mailing Address					
City Garden Grove	State CA		zip 92841 C	ountr	, US
Name of Additional Joint Inventor, if an	ıy:		A petition has been filed	ior this	unsigned inventor
Given Name (first and middle [if any])		Family Name	or Si	ımame
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
Maliing Address					
Mailing Address					
City	State		ZIP	Cour	n trv
Name of Additional Joint Inventor, if a	ny:		A petition has been filed fo		
Given Name (first and middle [if any])			Family Name or Surname		
Irwentor's Signature					Data
Residence: City State			Country	Citizenship	
Mailing Address					
Mailing Address				, - -	
City	State		ZIP	Co	untry

Burdan Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case, Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Weshington, DC 20231.

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0861-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwark Reduction Act of 1995, no persons are required to respond to a collection of information unitess it display a valid OMB control number.

.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	Tai Do	
Title	HYDRAULIC COUPLING	
Group Art Unit		
Examiner Name		
Attorney Dacket Number	03-0372	

I hereby appo	int:				
Practition OR	ners at Customer Number 003705	Place Customer Number Bar Code Label here			
	Name	Registration Number			
	ney(s) or agent(s) to prosecute the applicatio United States Patent and Trademark Office				
The above-	the correspondence address for the above-id- mentioned Customer Number. rs at Customer Number	dentified application to: Place Customer Number Bar Code Label here			
Firm or Individual Na	Brij K. Agarwal	Brij K. Agarwal			
Address	600 Grant Street, 44th Floor				
Address					
City	Pittsburgh	State PA Zip 15219			
Country	us				
Telephone	412-566-6183	Fax 412-566-6099			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATURE of Applicant or Ass	ignes of Record			
Name	Tai Do				
Signature	Signature Jai H. Do				
Date 1/23/03					
NOTE: Signatures of all forms if more than one	the inventors or assignees of record of the entire intensignature is required, see below*.	est or their representative(s) are required. Submit multiple			
Total of 3	forms are submitted.				

Please type a	plus sign ((+) inside this	box —	+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 1831-4035

U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1885, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER	OF A	ATTO	DRN	EY	OR
AUTHOR	IZAT	TON	OF	AG	ENT

Application Number	
Filing Date	
First Named Inventor	Tai Do
Title	HYDRAULIC COUPLING
Group Art Unit	
Examiner Name	
Attorney Docket Number	03-0372

I hereby appoint:				
Practitioners OR	s at Customer Number (003705	Place Customer Number Bar Code Label here	
· radauditai	Name	Regis	tration Number	
	isano			
as mylour attorney business in the Uni	(s) or agent(s) to prosecute the ap ited States Patent and Trademark	plication identified above Office connected therev	e, and to transact all with.	
Please change the	correspondence address for the a	bove-identified applicati	on to:	
	intioned Customer Number.	•		
OR	· O · · · · · · · · · · · · · · · · · ·		Place Customer Number Bar Code	
OR	t Customer Number		Label here	
Firm or	1		·	
Individual Name	ne Brij K. Agarwai			
Address	600 Grant Street, 44th Floor	·		
Address				
City	Pittsburgh	State PA	Zip 15219	
Country	US	1 40 66	2000	
Telephone	412-566-6183	Fax 412-56	66-6099	
l am the:	•			
✓ Applicant/In	ventor.			
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record				
т.		or Assignes of Record		
Name	Name Tung N. Le			
Signature	Signature Culture			
Date 09-23-03				
	inventors or essignees of record of the en ature is required, see below*.	ntire interest or their represent	lative(s) are required. Submit multiple	
2°Total of 3	forms are submitted.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent end Trademerk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

	Plaase	type a	plus sign	(+) Insid	this box		+
--	--------	--------	-----------	-----------	----------	--	---

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1885, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Tai Do
Title	HYDRAUUC COUPLING
Group Art Unit	
Examiner Name	
Attorney Docket Number	03-0372

I hereby appo	nt:				
OR	er(s) named below:	003705	Place Customer Number Bar Code Lebel here		
	Name	Reg	istration Number		
	ey(s) or agent(s) to prosecute the Inited States Patent and Tradema				
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Please Customer Number Bar Code Label here					
Firm or Individual Na	Firm or Individual Name Brij K. Agarwal				
Address	600 Grant Street, 44th Fl	oor			
Address					
City	Pittsburgh	State PA	Zip 15219		
Country	US				
Telephone	412-566-6183	Fax 412-5	66-6099		
l am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Luis F. Lozano					
Signature	Signature				
Date 9-23-03					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
✓ Total of3forms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.